

PLAINTIFF Dervan Brown	COURT CASE NUMBER 5:18-CT-3357-FL	
DEFENDANT Nurse Lyndsey	TYPE OF PROCESS S&C	
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NURSE LYNDSEY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Southern Health Partners, 285 T Kemp Rd, Louisburg, NC 27549	RECEIVED JUL 16 2019 U.S. Marshals Service, EDNC	
		Number of process to be served with this Form 285
		Number of parties to be served in this case
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Check for service on U.S.A.	
Dervan Brown 0780235 Central Prison 1300 Western Blvd. Raleigh, NC 27606	1	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:
Peter A. Moore, Jr., Clerk of Court
by M. Castania, Deputy Clerk

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
252-638-7508

DATE
7/19/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>56</u>	District to Serve No. <u>56</u>	Signature of Authorized USMS Deputy or Clerk <u>Mackenzie J. Harvie</u>	Date <u>7/16/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/22/19 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>8.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>8.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8.00</u> <u>\$0.00</u>
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REMARKS:

CERTIFIED MAIL 7014 3490 0000 7455 2926
SEE PS FORM 3811 OR USPS TRACKING

FILED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. PETER A. MOORE, JR., CLERK
5. ACKNOWLEDGMENT OF RECEIPT

JUL 26 2019

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. **5:18-CT-3357**
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. **JW**

1. Article Addressed to:

NURSE LINDSEY
Southern Health Partners
285 T Kemp Rd
Louisburg, NC 27549



9590 9402 3417 7227 1533 85

2. Article Number (Transfer from service label)

5:18-CT-3357-1745 Document 15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

BARBARA ALSTON

C. Date of Delivery

7-22-19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

RECEIVED
JUL 24 2019

U.S. Marshals Service, EDNC

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
Filed 07/26/19

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